OCT 1 1 2005



PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031
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o a collection of information unless it displays a valid OMB control number. he Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/710,805 TRANSMITTAL Filing Date August 4, 2004 First Named Inventor **FORM** Hagopian et al. Art Unit 1762 Examiner Name Howard E. Abramowitz (to be used for all correspondence after initial filing) Attorney Docket Number 27475/06963 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **/** Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Application Data Sheet (6 pgs) Request for Refund **Express Abandonment Request** Check for \$130.00 Return Receipt Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name 24024 Signature Printed name n S. Cipolla Date Reg. No. 37,597 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature 2 wtv Date 10-5-05 Mary Curtin Typed or printed name

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1 1 2005 W	ion Act of 1995	no persons are require	d to resc		t and Trad	emark Office; U.S. D	PTO/SB/17 (12-04v2) gh 07/31/2006. OMB 0651-0032 EPARTMENT OF COMMERCE vs a valid OMB control number	
Effective on 12/08/2004. RAD Arsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Number 10/710,805				
FEE IK	ANS	IVIIIAI	L [Filing Date		August 4, 2004		
For FY 2005				First Named Inv	ventor	Hagopian et al.		
				Examiner Name	e	Howard E. Abramowitz		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1762		
TOTAL AMOUNT OF PAY	MENT (\$)	130.00		Attorney Docke	t No.	27475/06963		
METHOD OF PAYMENT (check all that apply)								
Check Credit	Card M	oney Order	None	Other (please ide	ntify):		
Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION	dii F10-2038.	···						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
				H FEES	EXAM	INATION FEES		
Application Type	<u>Sr</u> Fee (\$)	<u>nall Entity</u> Fee (\$) <u>F</u>	ee (\$)	Small Entity Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	300		500	250	200			
Design	200	100	100	50	130	65		
Plant	200	100 3	300	150	160	80		
Reissue	300	150 5	500	250	600	300		
Provisional	200	100	0	0	0	0		
							Small Entity	
Fee Description	in aludin a Da	:				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25	
Each claim over 20 (4			200	100	
Each independent claim over 3 (including Reissues) Multiple dependent claims						360	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Dependent Claims	
I						Fee (\$)	Fee Paid (\$)	
HP = highest number of tota Indep. Claims	l claims paid for Extra Claim	-	Foo P	Paid (\$)				
3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction th		35 U.S.C. 41(a)(1))(G) ar		16(s).		e (\$) Fee Paid (\$)	

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition to Amend Order of Inventor Names \$130.00

(round up to a whole number) x

Fees Paid (\$)

/ 50 =

- 100 =

4. OTHER FEE(S)

Signature

Registration No. (Attorney/Agent) 37,597

Telephone 216/622-8808

Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.